

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 67

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child David Roma

If child is not yet named, make supplemental report, as directed

Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 7-16, 1930
(Month, day, year)

9. Full name of FATHER Rafael Roma
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex 12. Age at last birthday 22 (Years)
13. Birthplace (city or place) Sanco (State or country) Peris
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Brocery
16. Date (month and year) last engaged in this work 7-16, 1930 17. Total time (years) spent in this work 3

18. Full maiden name of MOTHER Edouige Estrada
19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
20. Color or race Mex 21. Age at last birthday 22 (Years)
22. Birthplace (city or place) Swine Buttes (State or country) Ariz
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 7-16, 1930 26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:00 A.m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles K. Huntis, M.D.

Given name added from a supplemental report _____ (Date of) _____

or _____, Midwife

Address Hayden, Ariz
Filed July 19, 1930 W.S. Duff

Registrar.

Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

496-716-551